## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE	
(0	525815		
APPLICANT(C)			

## CLAIMS

•	AS FILED		AFTER 1"AMENDMENT			FER NDMENT		AS FILED			TER OMENT	AF 2™AME	TER
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	D
1			-				51						
2	<del> </del>			$\square$		•	52						
3		ļ				<u> </u>	53						
<u>4</u>							54						<u> </u>
6							55						L
7					,		56 57						<b>L</b>
8					,		58				<del></del>		<u> </u>
9		-											⊢
10						-	60			<u> </u>			├
1							61						
2				1			62						
3			Ţ.				63						-
4			1				64						
5							65						
6							66						
7							67						
8	<u> </u>						68						
9 0				1			69		,,				
1							70						
2							71 72						
3		1 23	-	-			73	-					
4							74		<del></del>				
5							75	<del></del>					
6							76						
7							77		9				
8							78			-			
9							79						
0							80						
1							81						•
2							82						
3 4							83						<u> </u>
5							84						
6					<del>-                                    </del>		85						
7	<del></del>						86 87	<del></del>	<del></del>				
8					<del></del>		88		——- <u> </u>				
9							89					<del></del>	
0	-						90						
1							91						
2							92						
3							93						
1							94						
5							95						
5 7							96						
8							97						
<del>}</del>							98 99						
<del>]                                    </del>					<del></del>	•	100		J				
AL		-					TOTAL	-					_
D.		▼	ات	₩		₩	IND.		#		<b>4</b> 1	. (	4
AL		_ T		<u> </u>		_ 1	TOTAL		_ f		_		4
Р.		7	11			7	DEP.		7		7		1
MS IMS			14	1, 24			TOTAL CLAIMS						
								U	S. DEPART	MENT of CO	MMEDCE		-